MULTIPLE DEPENDENT CLAIM FEE CALC TION SHEET (FOR USE W. FORM PTO-875)

SERIAL NO. FILING DATE

APPLICANT(S)

1 2 3 4 5 6 7 8 9	AS FIND.	DEP.		TER NOMENT DEP	2 [™] AM	TER ENDMENT DEP.			AS F	ILED	AF L'AME	TER	AF	TER
2 3 4 5 6 7 8 9	IND.	1 2 2	IND.	DEP.	IND.	DEP.			AS FILED		AFTER CAMENDMENT		AFTER	
2 3 4 5 6 7 8 9		1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2				_			IND.	DEP.	IND.	DEP.		_
3 4 5 6 7 8 9		200				 		51			III.	DEP.	IND.	D
5 6 7 8 9		3		,		 		52						┼—
6 7 8 9		2				 		53 54						
7 8 9								55						
8 9 10		2			-			6						
9		2 2 2			 		5	7						├ —
		3			 	 		8						├—
					 			9						┢
11							6	0						1
12							6							
13 14	 						6							
15	 				 			4						<u> </u>
16					<u> </u>		6							<u> </u>
17					 	├	6							
18							6							
19							69							
20							70							_
21							71							
23							72							
24							73							
25							74							
26							75							
27							76 77							_
28							78		 -					
29 30							79							
31]	80							
32							81							
33							82							
34					+		83							
35							84 85							
36							86			$\overline{}$	<u></u> -			
37 38							87	一		 -				
39	 -						88			 f-				
40							89	\bot				·		
41				-+			90	- -						
42							91 92	-						
43							93	+-						
44 45							94	1						
45		-					95							—-
47							96	\bot						
48							97	-						
49							98	┧—						
50							100	+						
AL END.		日] ¬	#		*	TOTAL IN			8		8		1
TAL	 `	701000	4			T	TOTAL DE	7		·	 ∜	1 -		***
AB65 /							TOTAL CLAIMS		選					